

Book Reviews

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THE AMA AND U.S. HEALTH POLICY SINCE 1940—Frank D. Campion. Chicago Review Press, 820 North Franklin Street, Chicago, IL 60610, 1984. 538 pages, \$25.

I have just finished reading a recently published book entitled *The AMA and U.S. Health Policy* by Frank Campion. Campion was originally an editor for *Life* magazine and has been with the AMA staff since 1970. The book is primarily an account of happenings within the AMA since 1940, but it is far more than this. It is an excellent analysis of the forces that have conspired to create the present-day medical environment.

Campion begins with a description of the development, in the early 1900s, of our pluralistic health care delivery system founded on a laissez faire economy that created the most affluent middle class in history, along with a mistrust of government in general. Medical institutions were largely privately financed (only 20% had government funding) and as sociologist Oden Anderson points out, "The American hospitals were subsidized, without interest, or thought of repayment by the newly rich and not so rich."

This era ended with the Great Depression which virtually eliminated the affluent middle class and invited the early government intrusion into medical care. Also examined are the World War II and postwar eras of tremendous scientific advances, burgeoning specialization and seemingly inexhaustible government funding that irrevocably altered the course of medical care. Finally the present day socioeconomic scene of Medicare, Medicaid, FTC and PROs—which we all know too well—is scrutinized.

The book is alive with the people who have labored in the vineyards of organized medicine. Washington state's Bob Hunter reminisces, "Like my father, I have wanted above all to be a good physician. But I have also wanted to do some things on behalf of the profession and some things that I would consider to be on behalf of the people as a whole." One chapter is devoted entirely to Morris Fishbein, the gifted editor of *JAMA*, who was for several decades "Mr AMA." During much of that time the AMA was almost totally supported by income from *JAMA* and no dues were collected; consequently the editor had tremendous influence. Fishbein never held an elected office in the AMA but no one has been as powerful in the organization before or since.

There is one quotation that captures the essence of what membership in both the AMA and our state medical associations is all about. One longtime member says, "Joining the AMA is like joining a church. You don't do it because it pays or because you have to. You join it because you believe in it."

This is an excellent book because it outlines so clearly the medical heritage upon which we must build our future. I recommend it to all.

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HUMAN SEXUALITY AND ITS PROBLEMS—John Bancroft, MD, MRCP, FRCPsych, MRC Reproductive Biology Unit, Edinburgh; with the assistance of Philip Myerscough, FRCS(Ed), FRCOG, Royal Infirmary, Edinburgh. Churchill Livingstone, Inc., 1560 Broadway, New York, NY 10036, 1983. 448 pages, \$24.95.

In writing *Human Sexuality and Its Problems*, Dr John Bancroft has undertaken a monumental task of systematically reviewing both empirical and clinical literature on human sexuality. His approach encompasses both factual knowledge, clinical interventions and clinical wisdom. The book is primarily intended for health professionals who have interest in working with sexual problems but is also designed to be sufficiently broad to serve as a comprehensive text for those being introduced to the field.

Knowledge of human sexuality has expanded exponentially over the three decades since the initial Kinsey studies. Contributions to this understanding have come from anthropology, biology, physiology, psychology, sociology, medicine and virtually every other scientific discipline. Hence, the task of reviewing this

body of literature in any comprehensive way and integrating it into a systematic and understandable text is extremely difficult. Dr Bancroft has accomplished this task remarkably well. One will find, in this book, a surprising amount of depth. Concepts from man's evolutionary past, cultural heritage and genetic endowments are all well integrated with current behavioral and social systems theory. While this degree of comprehensiveness does not allow the indepth coverage of some topics that more specialized texts might provide, it is very difficult to fault the author for being inappropriately shortsighted in any topical area. He shows a wide range of familiarity with both specialized surgical procedures, psychological views of diagnosis and treatment, and social-biological views of the role of sexuality in the human experience.

The author has systematically excluded or minimized in this text psychoanalytic and certain other philosophical approaches to human sexuality. In doing so, however, it is clear that this does not represent an oversight but rather, is a systematic effort to approach the topic in the most scholarly fashion. Dr Bancroft is explicit about his desire to stay within the mainstream of conventional scientific scholarship. It is on this latter basis that he systematically excludes intensive assessment or integration of Freudian theory with the facts presented throughout the book. He maintains that psychoanalytic viewpoints have erected many barriers to scientific process and elects, therefore, to make his presentation primarily with literature based in the scientific method and the spirit of empirical rather than philosophical investigation. While one may disagree with this point of view, its adoption does lend a degree of consistency to the volume which would otherwise not be possible.

It is also remarkable, even in a field as highly colored by moralities as sexual functioning, to find an author who is as willing as Dr Bancroft to be direct about both his philosophical and moral positions. These positions are stated straightforwardly, at the outset, and serve as precursors to developing a line of reasoning that subsequently permeates the entire volume. The author is very explicit about his own morality relative to the use of sexuality for recreational purposes. His explicitness about his own viewpoint lends a certain degree of credibility to his presentation which one cannot help but find to be refreshing. Again, while one may disagree with the author's particular morality, being aware of it at the outset of the volume assists one in assessing the interpretations which are lent to the multitude of facts and empirical investigations reviewed. For example, with an understanding of the author's moral viewpoint, his great cautiousness in recommending surgical correction for erectile failure disorders and his contrasting liberality in the acceptance of sexual surrogates become more understandable. Surprisingly, there are few areas in which one can specifically point to the author's intrusion of his own belief systems into his representation of the facts and empirical data. This book presents an intriguingly balanced approach to the issue of human sexuality and its treatments.

If the volume is to be criticized, which it need not be, it can be done so on only two grounds. First, the proofreading of the volume is somewhat sloppy and often distracting. There are numerous typographical errors which are only compounded for American readers by the differences in spelling between the English and the American presentations. Second, the effort to

accomplish breadth sacrifices depth. For example, while his expressions of concern about the value of nocturnal penile tumescence as a diagnostic indicator in erectile failure disorders are interesting and provocative, they are not complete. There is considerably more literature in this area to validate the importance of this procedure than that to which the author has given attention. The same can be said for several other areas. On balance, however, the author has taken the better tactic in providing a comprehensive view of the field rather than an intensive view of any particular area. Moreover, his conclusions, even in those areas which are not comprehensively reviewed, represent the current state of the art in almost all instances. This book has much to argue for it and little to argue against it. It is clearly one of the better volumes on the topic and deserves the attention of the serious student of human sexuality.

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PRIMARY CARE GERIATRICS—A CASE-BASED LEARNING PROGRAM—Richard J. Ham, MD, Joseph H. Holtzman, PhD, Michelle L. Marcy, MS, and Marcia R. Smith, PhD; prepared under the auspices of the American Geriatrics Society. John Wright/PSG Inc., 545 Great Road, Littleton, MA 01460, 1983. 311 pages, \$39.50 (softbound).

The in-depth study of geriatric medicine by medical students, practicing physicians and other health professionals has been mandated by the changing demographic profile of our population. Medical schools and medical centers around the country are gradually awakening to this need and beginning to provide at least introductory courses in geriatrics. It is a field far more complex than many clinicians are aware. The dissection of normal aging from pathologic changes, the multiplicity and chronicity of diseases, the atypical presentations of disease, pharmacologic alterations in the aged, as well as the need for functional assessment in addition to standard differential diagnosis combine to make geriatric medicine a challenge to practitioners and teachers.

A variety of excellent geriatrics texts are available. All attempt in some way to show the need to depart from a standard organ systems approach when dealing with elderly patients. *Primary Care Geriatrics* represents an attempt to go further in synthesizing the physiology, medicine, sociology and psychology of aging. The format is a case-based programmed text, intended for medical students, house officers and other clinical health personnel. There are 15 chapters, or modules. The initial modules cover demography of aging, aging theory and physiology of aging. There is a module on techniques of evaluation, one on the health care system and community resources, a review of geriatric rehabilitation and finally eight modules that address specific common medical problems in elderly persons.

Each module begins with an overview of the topic to be discussed and a list of specific objectives. There is a short multiple choice pretest as well as a posttest for each module, with answers provided in an appendix. Illustrated case histories are used liberally to complement the text. The programmed text is a tool that appeals to some more than others. I found that it required considerable concentration to absorb information from the text and apply it to the case material. This was in part due to the presentation of portions of each case at different points in the text in order to illustrate specific features. For example, when historical clues to the etiology of confusion are discussed in the text, parts of the histories from several cases are presented. Additional history, physical findings and other data for each case are presented in segments throughout the remainder of the text. I found this fragmentation of the cases to be a bit disorienting, and I often had to return to earlier portions of the case presentation in order to piece together the whole. The pretests and posttests suffer from the usual simplistic approach of multiple choice instruments but do serve to focus on the specified objectives.

Overall, the material is quite comprehensive and I commend the authors for including subjects often omitted even in geri-

atric texts: the excellent introduction to rehabilitation, the consideration of the health care system and financing mechanisms as they apply to the elderly, a consideration of sexual dysfunction. References are extensive and largely up to date. Suggested readings are nicely divided into categories—for example, journal articles, books and monographs. A list of pertinent audiovisual materials will be of use to the instructor.

The text offers something at several levels. There is some material that is quite basic, while the later modules will be best utilized by those already having some clinical experience. Due to the time and concentration required by the format, this is not a book to be casually perused as a brief introduction to geriatric medicine. It will be best used by a student or clinician wishing to undertake an unhurried, serious first study of geriatrics.

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CHOOSING EFFECTIVE LABORATORY TESTS—Carl E. Speicher, MD, Professor of Pathology, College of Medicine, and Director of Clinical Laboratories, University Hospitals, and Jack W. Smith, Jr, MD, MS, Instructor of Pathology, College of Medicine, and Associate Director of Clinical Chemistry, University Hospitals, The Ohio State University, Columbus, Ohio. W. B. Saunders Co., West Washington Square, Philadelphia, PA 19105, 1983. 375 pages, \$45.00.

This medium-sized hardback is an excellent addition to the bookshelves of both practicing clinicians and those who are learning the concepts of clinical problem-solving strategies. Divided into three parts—concepts, clinical strategies and menus of unexplained laboratory results—the text is well organized and interlaced with substantive and appropriate tables and figures from common references.

The first section is entitled "Rationale and Useful Concepts." Drs Speicher and Smith presume we have read Galen and Gambino's *Beyond Normality* and understood the statistical and clinical uses of Bayes' theorem. Sensitivity (percentage of true positives in patients with disease) and specificity (percentage of true negatives in patients without disease) form the cornerstones of the strategies, with prevalence further conditioning the predictive values.

The reference to experienced clinicians using the "rifle approach" to utilization of clinical laboratory testing versus medical students and house officers shooting the laboratory "shotgun" has been lost on neither practicing pathologists (including those of us in academic medicine) nor federal, state and insurance company health care policymakers.

The authors remind us that real patients present as diagnostic dilemmas and thereby provide physicians the joy of discovering etiology and pathogenesis while traditional medical education and textbooks utilize the pathogenetic reasoning approach which presumes that the diagnosis is already known.

The problem-solving method uses diagnostic hypotheses as trial goals to satisfy, exclude or search for more information. Data must be authenticated regarding reliability and accuracy. Then hypotheses are triggered and evaluated. The authors review monopathic/simple/parsimonious *versus* polypathic/coincidental/multiple disease explanations and discuss "diagnosis at a glance," "spiraling pursuit" and experience-built decision trees. They suggest that we use laboratory tests to discriminate between rival hypotheses.

Using the presence or absence of pregnancy and diabetes mellitus, we are escorted through Bayes' rule toward predictive values. Computer-based "chaining" is explained and several examples of software packages for cognitive hypothesis-driven reasoning models related to diagnosis (occasionally to therapy) are given.

Concepts of turnaround time, interpretability, intralaboratory errors, critical values, communication, interpretive reports, STAT lab, specimen collection and handling are introduced.

Targeted *versus* multiphasic screening is reviewed. The discussion on unexpected test results reminds us that many "clinicians have simply learned to ignore data that do not fit with their clinical impressions" and that the pathologist is there "to